

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/580356

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT			AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/		51						
2			/		/		52						
3			/		/		53						
4			/		/		54						
5			/		/		55						
6			/		/		56						
7			/		/		57						
8			/		/		58						
9			/		/		59						
10			/		/		60						
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12			/		/		62						
13			/		/		63						
14			/		/		64						
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43			/		/		93						
44			/		/		94						
45			/		/		95						
46			/		/		96						
47			/		/		97						
48			/		/		98						
49			/		/		99						
50			/		/		100						
TOTAL IND.			↓	8	↓								
TOTAL DEP.			←	24	←								↓
TOTAL CLAIMS			←	32	←								←

PTO-1369 (REV. 3-13)

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